

MEDEVAC QUOTATION

Date: December 19, 2014 Phone: (734) 497-4422
Contact: Shanyn Stewart Email: shanynstewart@gmail.com
Company: Private Pay Fax:
Ref. Number: Father of Shanyn Stewart Quote: OP-9902

Routing:

Patient Pick-Up	Patient Drop-Off	Type of Aircraft	Flight Time
Qionghai - Hainan Island, China	Ann Arbor Michigan	AA / Commercial Escort	37 hours

Pricing Includes:

Medical Team	Ground Ambulance	Special Services
Nurse, Paramedic, Respiratory Therapist	Pickup, Dropoff	

Estimate of Charges (Retainer) USD:

\$274,064.00

*Pending Medical Report between REVA's Medical Department and the patient's attending Physician
*Fee Estimate is valid for 72 hours

This estimate is provided to You for the purpose of establishing the amount of the retainer REVA will require to schedule the trip based on its estimate of the charges for which you are likely to be responsible. If you accept this Estimate and book the trip by signing below, You will be responsible for the actual charges incurred in accordance with the attached Terms and Conditions.

Please contact me if you have any questions regarding any aspect of the arrangements for your trip. We will be pleased to assist you and to make your trip as comfortable as possible.

Notes:

***This flight or a portion of it may be operated by a REVA industry partner**

Pending a medical report additional fees/services may apply for;

-Sea-level cabin flight

-Addition of medical staff to the team

Flight consists of 3 parts: Air-ambulance (REVA Industry partner) from Hainan Island to Shanghai | Commercial PTC flight on Lufthansa: Shanghai - Newark, NJ | Air-ambulance: Newark, NJ - AnnArbor, MI

*1-2 family members welcome on-board the air-ambulance aircraft

**Quote includes commercial airfare for PATIENT ONLY. Additional Economy-class seats would be required for each companion.

***Commercial airfare subject to fare change until ticketed

This is an anytime quote/retainer based on our usual and customary rates and offered to our Private Pay families. Payment can be by cash, certified check, wire transfer or credit card.

Warm regards,

Jon Rosati



Fly Home. Feel Better.

Communications Department

• 1745 NW 51st Pl., Hangar 73
• Ft. Lauderdale, FL 33309
• 954.730.9300
• 800.752.4195
• 954.485.6564
• www.flyreva.com

By signing this Air Ambulance Estimate, you agree to and accept this Estimate and the Terms and Conditions attached to this Estimate.

Signature: _____ Date: _____

Print Name: _____

Accepted by Reva, Inc.

Signature: _____ Date: _____

Title: _____

TERMS AND CONDITIONS

CONTRACT - This document and any additional documents referenced in this document constitute the entire agreement between You and Reva, Inc. ("REVA") with respect to the services rendered by Reva to You (the "Services") and your obligation to pay Reva for the Services (this "Agreement"). "You" (and other forms of You) refers in this Agreement to the person who executes this Agreement as the contracting party on behalf of the patient and, where the context permits, to the patient, as the person who receives services pursuant to this Agreement as an uninsured, private pay individual, or as an insured, beneficiary, or subscriber of a Health Plan. If You are not the patient, You are the guarantor for the patient. If You have consented in any other document to receive the Services rendered by Reva, the terms of this Agreement will control.

SERVICES - By ordering any air ambulance and/or ancillary goods or services (the "Services") from REVA, whether provided by REVA or any affiliate or subcontractor of REVA, You agree that the Estimate is acceptable and You agree to pay such amount in accordance with the terms and conditions in this Agreement. You are fully responsible for providing any customs and immigration documentation and/or visas required for Yourself and all passengers in person or by e-mail or facsimile to REVA prior to the scheduled departure time. Passengers may be denied boarding the aircraft if REVA determines, in its sole discretion, that the customs and immigration documents are incomplete or may not meet the requirements of applicable law and regulation.

TERMS OF PAYMENT – You agree to be responsible for and to pay, or make arrangements to pay, in full all charges by REVA, for Services provided to You or at Your request. Payment is due in advance unless REVA in its sole discretion agrees otherwise, in which case, payment is due in full upon receipt of our statement for Services rendered. As a courtesy to You, at REVA's sole discretion, REVA may elect to bill the Your or, where applicable, the patient's health plan, insurance company, health maintenance organization, or managed care company ("Your Health Plan") for the Services provided. If REVA bills Your Health Plan, REVA is relying upon the information You provide, including Your current insurance identification card or other evidence of valid coverage. If Your Health Plan changes in any way or coverage terminates, please notify REVA immediately so that we may update our records. Any REVA efforts to bill and collect on Your behalf from Your Health Plan and REVA's acceptance of payment from Your Health Plan will not relieve You of any obligation to make payment to REVA in full for all amounts due. The amount Your Health Plan pays REVA may be less than the full charges or the amount You owe REVA. REVA will credit all payments received from Your Health Plan to Your account and will bill You for the balance, unless REVA has contracted with Your Health Plan to accept the amount paid by Your Health Plan as payment in full. All deductibles and co-payments required by Your Health Plan are Your responsibility. REVA is prohibited by law from waiving deductibles and co-payments. If payment is not made at any time and REVA engages an attorney to assist in collection, You will be responsible for all fees and costs REVA incurs in connection with its collection efforts. Your responsibility for the fees and costs REVA incurs will be in addition to the charges and interest accrued on Your account. All amounts owed by You to REVA shall be paid without the right of setoff. Any payments to be made to REVA shall be in lawful currency of the United States of America.

ADVANCE PAYMENT – Any advance payment You make to REVA will be applied to Your bill for Services. In the event we receive any payments from a Health Plan in partial payment for the Services rendered under this Agreement, REVA will apply the payments to Your account. REVA will bill You for any balance due, and payment shall be due in full immediately upon receipt of the invoice. In the event there is a credit balance on Your account after Services have been rendered, REVA will refund the balance to You.

PRICES - The quote contained in the Air Ambulance Fee Estimate (the "Estimate") is subject to change if the service requirements change. The service requirements may change, for example, due to: the condition of the patient differs from that reported to REVA such that additional staff or services are required, the treating physician or transfer staff determines that an alternative mode of transport is required to safely transfer the patient, the flight itinerary, ground support, hangar accommodation, or other flight parameters change. Fees associated with any such changes or additional Services will be charged to You based on REVA's usual and customary fee schedule or additional costs incurred. The Estimate covers all costs of airport fees (takeoff, landing, and ground support), crew accommodations, drugs routinely stocked on board the aircraft, and other usual and customary medical supplies. Medical care will be provided during the transport by REVA by a doctor, nurse, respiratory therapist, or paramedic, based on the discharge orders of the patient's transferring physician, unless other arrangements are made in advance or are requested in advance by You. You will be responsible for the additional costs for such arrangements You request in advance.

CANCELLATION; DELAY OR INTERRUPTION—This Agreement represents a binding commitment for the Services at such time as the Agreement is accepted by You. The time for acceptance is set forth on the Estimate. You may cancel the Services requested, provided that You pay REVA the applicable cancellation fee as follows:

Time of Cancellation	Cancellation Fees
Any time after written confirmation by REVA of the flight up to 72 hours before the scheduled departure time for the applicable flight	20% of the Quotation
Within 72 hours before the scheduled departure time for the applicable flight	30% of the Quotation
Within 48 hours before the scheduled departure time for the applicable flight	40% of the Quotation
Within 24 hours before the scheduled departure time for the applicable flight	50% of the Quotation
Within 12 hours before the scheduled departure time for the applicable flight	80% of the Quotation

If You fail to cancel in writing any Services ordered, You shall pay the full price listed on the Estimate. You acknowledge and agree that occasional delays or interruptions may occur due to air traffic, weather, mechanical issues, ground support and other conditions. If any flight provided by or through REVA experiences a delay or interruption prior to or during the trip and REVA does not cancel the trip, payment in full is still required. You shall not make alternate arrangements unless REVA advises You in writing that the trip is cancelled and that You may make other arrangements for transport.

ACCEPTANCE – Your request for Services is subject to acceptance by REVA. Unless acknowledged in writing or by electronic means by REVA, any request received by REVA is treated as pending and REVA assumes no obligation to perform.

INDEMNIFICATION; LIMITATION OF LIABILITY – You hereby agree to release and hold harmless REVA and its affiliates and each of their stockholders, parents, subsidiaries and controlling persons and their respective officers, directors, managers, partners, employees, representatives and agents (collectively, the “Released Persons”) from any and all liability whatsoever resulting from, arising out of or related to the medical condition of the patient, whether unrelated to or occurring as a consequence of the Services, and any and all claims relating thereto. None of the Released Parties shall have any liability and shall be held harmless for any delays, unscheduled stops and/or cancellations due to weather, acts of God, natural disasters, civil unrest, public health outbreaks, mechanical problems or any other unforeseen delays. You further agree to indemnify, defend and hold harmless the Released Parties from any and all claims, debts, offsets, losses, obligations, liabilities, judgments, penalties, fines, expenses, attorney's fees and court costs to which any or all of the Released Parties may be subjected or are required to incur by reason of any action or omission on the part of You or any of your agents, representatives, heirs, or designees. Without limitation, this right to indemnification shall also apply to independent lawsuits, proceedings or actions brought against any Released Person as well as to defenses, offsets and cross-complaints raised in lawsuits, proceedings or actions filed by a Released Person and/or You against any third party. **UNDER NO CIRCUMSTANCES SHALL ANY RELEASED PERSON OR ANY OF ITS SUBCONTRACTORS BE LIABLE FOR ANY CONSEQUENTIAL, SPECIAL, INDIRECT, PUNITIVE OR SPECIAL DAMAGES, OR ANY OTHER DAMAGES BASED ON LOST PROFITS OR OTHERWISE, IN EACH CASE, IN CONNECTION WITH THE SERVICES, WHETHER SUCH DAMAGES ARISE OUT OF CONTRACT, TORT, STRICT LIABILITY, AT LAW OR IN EQUITY, OR OTHERWISE. THIS PROVISION IS A MATERIAL INDUCEMENT TO REVA PROVIDING THE SERVICES AND REVA WOULD NOT PROVIDE THE SERVICES WITHOUT YOUR AGREEMENT WITH THIS PROVISION.**

ASSIGNMENT OF BENEFITS – You hereby authorize payment to be made directly to REVA and assign to REVA all insurance benefits that may be due and payable to You or on Your behalf for any Services and supplies provided to You by REVA. You further authorize REVA to act as Your agent and assign to REVA the right to appeal any denials or reduction in payments or other decisions regarding payment of Your health care benefits by Your Health Plan for services rendered by REVA. You authorize REVA and any other holder of medical or other information about You to release to Your Health Plan any information needed to determine the benefits payable to REVA or the benefits payable to You for any claim with respect to the Services requested to be provided by or rendered by REVA. You acknowledge and agree that REVA is not a provider of Medicare or Medicaid services. Any entitlement to benefits You may have under the Medicare or Medicaid program will not be applicable to the Services rendered by REVA. You authorize REVA to use this Agreement as evidence of your consent to bill and receive payment for health care services and supplies provided to you by REVA. You further acknowledge that this assignment of benefits does not in any way relieve you of your liability to make payment to REVA, and that you will remain financially responsible to REVA until all charges for which you are legally responsible are paid in full. Any overdue amounts shall accrue interest at the rate of 1.5% per month on the unpaid balance until paid in full.

ADDITIONAL OR INCONSISTENT TERMS – No representations, agreements, statements, estimates or recommendations by any person, including any salesman, whether written or oral, not appearing in this Agreement, other than the attached Estimate, are or shall be part of this Agreement or of any binding effect between REVA and You, and all prior negotiation and correspondence concerning the Services are merged into and superseded by this Agreement. Terms and conditions set forth in any document provided by You which differ from, conflict with, or are not included in the terms and conditions set forth in this Agreement shall not become a part of any agreement between REVA and You unless such terms and conditions are specifically accepted by REVA in writing.

MISCELLANEOUS - No delay or omission to exercise any right, power or remedy accruing to REVA, upon any breach or default by You of this Agreement, shall impair any right, power or remedy of REVA, nor shall it be construed to be a waiver of any breach or default of or in any similar breach or default later occurring. Any waiver, permit, consent or approval of any kind or character by REVA must be made in writing and shall be effective only to the extent specifically set forth in that writing. All remedies, either under this Agreement or by law or otherwise afforded to REVA, shall be cumulative and not alternative. You shall not delegate any duties nor assign any rights or claims under this document without REVA's prior written consent, and any such attempted delegation or assignment shall be void. This Agreement shall be governed by the internal laws of the State of Florida, applicable to contracts to be performed entirely within the State of Florida. Wherever possible, each provision of this Agreement shall be interpreted in such manner as to be effective and valid under applicable law, but if any provision of this Agreement or the application of any such provision to REVA or You or circumstance is prohibited by, illegal or unenforceable under applicable law in any respect by a court of competent jurisdiction, such provision shall be ineffective only to the extent of such prohibition, illegality or unenforceability, without invalidating the remainder of such provision or the remaining provisions of this Agreement. EACH OF THE PARTIES HERETO KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVES ANY RIGHTS IT MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY LITIGATION BASED HEREON, OR ARISING OUT OF, UNDER, OR IN CONNECTION WITH, THIS AGREEMENT, OR ANY COURSE OF CONDUCT, COURSE OF DEALING OR STATEMENTS (WHETHER VERBAL OR WRITTEN) RELATING TO THE FOREGOING. THIS PROVISION IS A MATERIAL INDUCEMENT FOR THE PARTIES HERETO TO ENTER INTO THIS AGREEMENT.

SIGNATURE PAGE FOLLOWS

Signature: _____ Date: _____

Print Name: _____

Relationship to Patient: Self ____ Spouse ____ Parent ____ Sibling ____ Other Family Member ____ Guardian ____ Guarantor ____
Other _____